

HIV testing: Increasing the uptake of HIV testing among people at higher risk of exposure

NICE National Institute for
Health and Care Excellence

Consultation on draft guideline – deadline for comments 5pm on 15/06/16 email:
HIVtesting@nice.nhs.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

We would like to hear your views on the draft recommendations presented in the guideline and any comments you may have on the evidence reviews. We would also welcome views on the Equality Impact Assessment and economic report.

We would like to hear your views on these questions:

1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.
2. Would implementation of any of the draft recommendations have significant cost implications?
3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.

4. Do you think there will be a significant resource impact when implementing recommendations 1.2.1 (POCT) and 1.2.3 (Self-sampling)?:

If yes, NICE would like to undertake some additional work to estimate the resource implications and would like any data or information you have on the following:

- 4a. What is current practice (i.e. traditional testing via healthcare workers in clinics) and what will change by implementing the recommendations
- 4b. How this will increase numbers of tests offered including how many self-sampling kits may be taken and returned
- 4c. Unit costs of tests (both) or equipment/healthcare worker who would deliver/time to deliver test (POCT)
- 4d. Results i.e. proportion diagnosed with HIV, or increases in early diagnosis
- 4e. Estimated treatment costs and potential savings from early diagnosis.

See section 3.9 of [Developing NICE guidance: how to get involved](#) for suggestions of general points to think about when commenting.

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Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):		[British HIV Association (BHIVA)]		
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		[None]		
Name of commentator person completing form:		[Jacqueline English, BHIVA Secretariat]		
Type		[office use only]		
Comment number	Document (full version, short version or the appendices)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
Example 1	Full	16	45	We are concerned that this recommendation may imply that
Example 2	Full	16	45	Question 1: This recommendation will be a challenging change in practice because
Example 3	Full	16	45	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact.....
1	Full	General	General	We would like to check the final agreed title is HIV testing: increasing uptake among people who may have undiagnosed HIV” not “Increasing the uptake of HIV testing among people at higher risk of exposure” as this is still appearing in most communication cover notes
2	Full	General	General	We would like to request inclusion specifically of ensuring effective Partner notification, emphasising its importance in all settings where diagnoses are given
3	Full	General	General	The indicator condition infectious mono-nucleosis-like illness should be specifically mentioned as a strong recommendation – high level of undiagnosed HIV, indicates recent infection and

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				so highly infectious and allows earliest possible diagnosis.
4	Full	16	16	Need to reword recommendations about sex abroad - it is where partner is from not where they have sex that is the point
5	Full	16	10-12	We believe a stronger word than 'useful' should be used, we would like to suggest 'essential'
6	Full	General	General	The high prevalence terminology needs to be clearer – there are definitions for high prevalence. BHIVA uses 1/1000 for countries of HP to recommend an HIV test in GU. The 4/1000 in this guideline is to indicate where there may be an undiagnosed rate of 1/1000, i.e. cost effective, which is clearly very different. The problem is that one cannot get local undiagnosed rate, only the national rate, so this surrogate is probably the only way to do it, but a different term should be employed.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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